Provider Enrollment
New Individual/Sole Proprietor Provider

"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

Table of Contents

Register for MILogin and CHAMPS

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services provided.

- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Click Sign Up

- Complete all required fields
- Check the 'I agree' box
- Click Next

- Create the user ID and password following the listed guidelines
- Select the preferred password recovery method(s)
- Click Create Account

- Your MILogin account has now been created successfully
- Click the Login button to return to the login screen

- Enter your User ID and Password you just created
- Click Login

- Your Home Page will not show any applications
- Click Request Access

    *MILogin resource links are listed at the bottom of the page

- Type CHAMPS in the search box
- Click the search/magnifying button

MILogin for Third Party

| ⌂ HOME | 👍 REQUEST ACCESS | 📇 UPDATE PROFILE | 🔍 SECURITY OPTIONS | 🔒 CHANGE PASSWORD | ➡ LOGOUT |

Request Access

1 Search Application

2 Additional Information

3 Confirmation
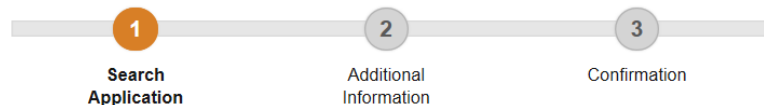
Search Application

Search for an application with a keyword or select an agency to view its applications

CHAMPS 🔍

-- Select Agencies -- ▾

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CHAMPS

- ## Click on CHAMPS

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Michigan Department of Health & Human Services

- Select the 'I agree to the terms & conditions' radio button
- Click Request Access

MILogin for Third Party

🏠 **HOME** | 👆 **REQUEST ACCESS** | 📇 **UPDATE PROFILE** | 🔑 **SECURITY OPTIONS** | 🔒 **CHANGE PASSWORD** | 📤 **LOGOUT**

Request Access

1 ✔ Search Application — **2** Additional Information — **3** Confirmation

Additional Information

Provide following information to submit your access request

* Required

*Email Address

[_____]

*Work Phone Number

[_____]

*CHAMPS User Type

🔘 Provider/Other
⚪ State User Only

SUBMIT   **RESET**

- Verify all information is correct
- Click Submit

- You will be given confirmation that your request has been submitted successfully
- Click the Home button to return to the MILogin Home Page

MILogin for Third Party

🏠 HOME | 👆 REQUEST ACCESS | 🖼 UPDATE PROFILE | 🔑 SECURITY OPTIONS | 🔒 CHANGE PASSWORD | ➡ LOGOUT

Home Page

⏳ Your password will expire in **48** days

Access your applications by clicking on the application links below

MDHHS **Michigan Department of Health & Human Services (MDHHS)**

CHAMPS

- You will be directed back to your MILogin Home Page
- Click the CHAMPS hyperlink
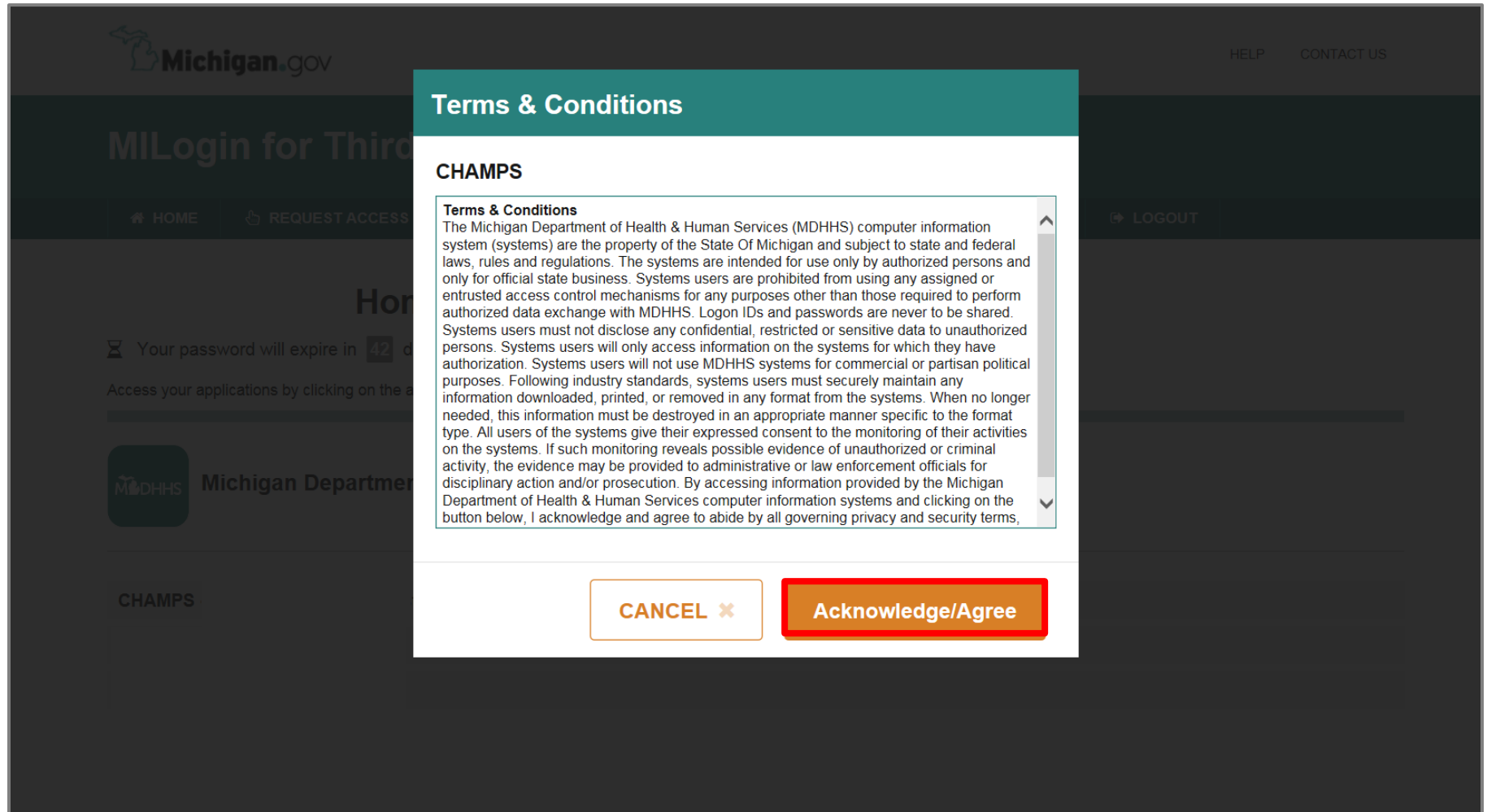
- Click Acknowledge/Agree button to accept the Terms & Conditions to get into CHAMPS

New Provider Enrollment

Steps on how to complete a new CHAMPS enrollment for a Individual/Sole Proprietor Provider type

Prior to enrolling in CHAMPS

- Individual/Sole providers will want to ensure they are enrolled in SIGMA VSS prior to enrolling within CHAMPS.
  - SIGMA VSS website: www.michigan.gov/SIGMAVSS
  - If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email SIGMA-Vendor@Michigan.gov
  - After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time you may get an error when validating your information.

- Individual/Sole providers must also be licensed prior to enrolling in CHAMPS
  - LARA: http://www.michigan.gov/lara/0,4601,7-154-72600---,00.html

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👤   ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

▦   Provider Enrollment ▲

New Enrollment		Enroll As A New Provider
Track Application		Track Existing Provider Application

- **Click New Enrollment**

- Select Regular Individual/Sole Proprietor
- Click Submit

- Confirm Applicant Type: Individual/Sole Proprietor
- Provider/Owner information needing to enroll:
    - Basic Information: Fill in all fields marked with an asterisk (*)
    - Home Address: Fill in Address Line 1 and Zip Code, Click Validate Address
        (Please Note: you should receive "Address Validation Successful")
- Click Confirm, Click Finish

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

🖨 Print   ❷ Help

Application ID: 20171115618358   Name: Tester,Test

▦   **Basic Information**   ⌃

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: **20171115618358** ←

Please make note of this Application ID. This is the number you will be required
to use to track the status of your enrollment application. Without this number,
you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30
calendar days OR your application will be deleted.

✔ Ok

Page ID: dlgAddBasicInformationStep3(Provider)

- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok

- Individual Provider Enrollment steps are listed *(Please Note: some steps are required versus optional)*
- Step 1 has a status of Complete
- Click on Step 2: Add Locations

- Click Add, to enter Primary Location information

- Complete Address Line 1 and Zip Code, click Validate Address
  (Please Note: you should receive confirmation "Address Validation Successful")
- Complete all other fields marked with an asterisk (*)
- Click Ok

- Click Primary Practice Location to add Pay-To address
  (Please Note: Correspondence address is required for all locations. Enter Remittance Advise address only to receive a paper Remittance Advice)

📝 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

Application ID: 20171115618358   **Name:** Tester, Test

⊗ Close   💾 Save   **To add additional addresses, click "Add Address" button.**

Location Details

Doing Business As: [ ]	**Location Code:** 1 **Location Type:** Primary Practice Location
Phone Number: [ ] * **Extn:** [ ]	**Fax Number:** [ ] **Email Address:** [ ]
Web Page: [ ]	**Communication Preference:** [▾]

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close ▾ *	AM PM *	[▾] *	AM PM *	Thursday:	07:00 ▾ *	**AM** PM *	06:00 ▾ *	AM **PM** *
Monday:	07:00 ▾ *	**AM** PM *	06:00 ▾ *	AM **PM** *	Friday:	07:00 ▾ *	**AM** PM *	06:00 ▾ *	AM **PM** *
Tuesday:	07:00 ▾ *	**AM** PM *	06:00 ▾ *	AM **PM** *	Saturday:	09:00 ▾ *	**AM** PM *	03:00 ▾ *	AM **PM** *
Wednesday:	07:00 ▾ *	**AM** PM *	06:00 ▾ *	AM **PM** *					

Accepting New Clients: No ▾	**Maximum Clients:** [ ]	**Handicap Accessible:** No ▾
Offers OB-Gyn Services: [▾]	**Pediatric Services:** [▾]	**FQHC:** [▾]
Accept 835(reported at EIN/TIN level): No ▾	**Language(s) Spoken:** (For Multiple Selection, use Ctrl Key) English / Arabic / Chinese	
End Date: 12/31/2999 📅		

Address List

[⊕ **Add Address**]

☐ **Address Type** △▽	**Address** ▲▽	**End Date** ▲▽
☐ Location	[ ]	12/31/2999

🗑 Delete   **View Page:** [1]   ⊙ Go   📄 Page Count   📊 SaveToXLS   **Viewing Page: 1**   « First ‹ Prev › Next » Last

- ## Click Add Address

- From the drop-down list, select Type of Address
- Complete all fields marked with an asterisk (*)
- Click Validate Address
  (Please Note: you should receive confirmation "Address Validation Successful")
- Click Ok

- When all address locations are complete, click Save
  (Please Note: If the address is the same you can click on the radio button that says, Copy This Location Address; example on previous slide.)

- Click Close

🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358	Name: Tester, Test

⊗ Close   **⊕ Add**   To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

⊞ **Locations List**   ⌃

| Filter By ▾ | | | ⊙ Go | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Doing Business As ▲▼	Location Type △▼	Location Details ▲▼	End Date ▲▼
☐		Primary Practice Location	320 S Walnut St, Lansing, MICHIGAN 48933	12/31/2999

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- Click Close

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👤 ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358	Name: Tester, Test

⊘ Close

▦ **Enroll Provider - Individual**   ⌃

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 ⊙ Go 📄 Page Count ☒ SaveToXLS	Viewing Page: 1	« First ‹ Prev › Next » Last

- Step 2 is complete
- Click on Step 3: Add Specialties

My Inbox ▾   Provider ▾

👤 [____] ▾

🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358   **Name:** Tester, Test

⊗ Close   ⊕ Add   📄 Primary Speciality

▦   **Specialty/Subspecialty List**   ⌃

Filter By [▾] [_____] [_____] [⊙ Go]   💾 Save Filters   ▼ My Filters ▾

☐	Specialty/Subspecialty △▽	Provider Type ▲▼	End Date ▲▼
	No Records Found !		

- Click Add

- Choose appropriate Location, Provider Type, and Specialty
  (Please Note: There is no need to fill in an End Date)
- Dependent on the Specialty chosen, Available Subspecialties will populate

- Select the Specialty
- Dependent on the Specialty, select the appropriate board information

- When Provider Type and Specialty have been chosen, the available subspecialties will be listed
- Select Available Subspecialties, click >> to add to Associated Subspecialties list
- When complete, click Ok

- Once all Specialties/Subspecialties have been added, click Primary Specialty

Application ID: 20171115618358   **Name:** Tester, Test

🚫 Close   💾 Save

⊞ Primary Specialty For Enrollment   ⌃

Primary Specialty/Subspecialty: [PHYSICIANS/General Practice/No Subspecialty ▾] *

Your designation and attestation of a primary specialty will be utilized to identify and evaluate your eligibility for the Primary Care Rate Increase.

Board Certified: ◉ Yes   ○ No

(If Board Certified, please provide Board Certification No. in License/Certification/Other step.)

Board Eligible: ○ Yes   ◉ No

(If Board Eligible, please provide Board Eligibility Information. in License/Certification/Other step.)

Start Date: [01/01/2015 📅] *   **End Date:** [12/31/2999 📅]

- Choose Primary Specialty/Subspecialty from the drop-down list of already added specialties
- Select Yes if Board Certified or Board Eligible
- Enter Start Date
- Click Save
- Click Close

Application ID: 20171115618358	Name: Tester, Test

⊘ Close   ⊕ Add   📄 Primary Speciality

⊞ Specialty/Subspecialty List   ⌃

| Filter By ▾ | [____] | [____] | ⊙ Go | | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Specialty/Subspecialty △▽	Provider Type △▽	End Date △▽
☐	General Practice/No Subspecialty	PHYSICIANS	12/31/2999

🗑 Delete   View Page: [1]   ⊙ Go   📄 Page Count   📑 SaveToXLS   Viewing Page: 1   ≪ First   ‹ Prev   › Next   ≫ Last

- To return to the enrollment steps, click Close

Application ID: 20171115618358   **Name:** Tester, Test

⊗ Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	←
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1   ⊙ Go   📄 Page Count   📊 SaveToXLS   **Viewing Page: 1**   « First   ‹ Prev   › Next   » Last

- Step 3 is complete
- Click on Step 4: Associate Billing Provider

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👤 _____ ▾   Q Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358   **Name:** Tester, Test

⊗ Close   ⊕ Add

⠿ Billing Provider List   ⌃

| Filter By ▾ | | | ⊙ Go | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Billing Provider NPI/ID △▼	Billing Provider Name ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼
		No Records Found !			

• Click Add

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- Complete all fields marked with an asterisk (*)
- Click Confirm Provider; Provider Name will populate
- Click Ok
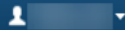
Q Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 > MyInbox > New Enrollment > Individual Enrollment

Application ID: 20171115618358   Name: Tester, Test

⊘ Close   ⊕ Add

▦   **Billing Provider List**   ⌃

| Filter By ⌄ | | | ⊙ Go | | | 💾 Save Filters | ▼ My Filters ▾ |

	Billing Provider NPI/ID	Billing Provider Name	Start Date	End Date	Status
	△▽	▲▼	▲▼	▲▼	▲▼
☐			01/01/2017	12/31/2999	Approved

🗑 Delete   View Page: [1]   ⊙ Go   📄 Page Count   📊 SaveToXLS   Viewing Page: 1   « First   ‹ Prev   › Next   » Last

- The associated providers information is now listed under the Billing Provider List
- Click Close

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- Step 4 is complete
- Click on Step 5: Add License/Certification/Other

👤 ▼   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358   **Name:** Tester, Test

🚫 Close   ⊕ Add

License/Certification/Other List	⌃

| Filter By ▾ | | | ⊙ Go | | 💾 Save Filters | 🔻 My Filters ▾ |

	License/Cert./Other Type ▲▼	License/Cert./Other # △▼	Location ▲▼	Valid Flag ▲▼	Effective Date ▲▼	End Date ▲▼
☐						

<div align="center">No Records Found !</div>

- Click Add

- Complete all fields marked with an asterisk (*)
- Click Confirm License/Certification/Other
- Click Ok

- The License/Certification/Other information will now be displayed
- To add additional License/Certification repeat the same process
- Click Close

- Step 5 is complete
- Click on Step 6: Add Mode of Claim Submission/EDI Exchange

- Under EDI exchange select appropriate claim submission method(s)
- Under Other Claims Submission select appropriate claim submission method(s)
- Click Ok

| Application ID: 20171115618358 | Name: Tester, Test |

⊘ Close

▦ Enroll Provider - Individual   ⌃

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	←
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1   ⊙ Go   📄 Page Count   ⊞ SaveToXLS   Viewing Page: 1   « First   ‹ Prev   › Next   » Last

- Step 6 is complete
- Click on Step 7: Associate Billing Agent

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Application ID: 20171115618358   Name: Tester, Test

Close   **Add**

⚏ Billing Agent List   ▲

| Filter By ▾ | [____] | [____] | ⊙ Go | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Billing Agent ID △▽	Billing Agent Name ▲▽	835 Authorization ▲▽	Start Date ▲▽	End Date ▲▽
			No Records Found !		

- Click Add

- To locate Billing Agent information, click Confirm/Search Billing Agent

- Check the box next to the Billing Agent you want to select
  (Please Note: There is more than one page of Billing Agents; you may select more than one)
- Click Select

- Billing Agent information will populate
- Click Ok

👤 [____] ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358   **Name:** Tester, Test

⊘ Close   ⊕ Add

Billing Agent List

Filter By ▾			⊙ Go		💾 Save Filters	▼ My Filters ▾

	Billing Agent ID △▾	Billing Agent Name ▲▾	835 Authorization ▲▾	Start Date ▲▾	End Date ▲▾
☐			No	11/15/2017	12/31/2999

🗑 Delete   **View Page:** [1]   ⊙ Go   📄 Page Count   📊 SaveToXLS   **Viewing Page: 1**   « First   ‹ Prev   › Next   » Last

- Billing Agent information has been added
- Click Close

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- Step 7 is complete
- Click on Step 8: Add Provider Controlling Interest/Ownership Details
  - *The screens for this step were updated 12/14/18*

- To enter additional owner information, select Add Owner from the Actions drop-down menu
  - Note: The individual provider information prepopulates as a listed owner and the relationship status also prepopulates to completed.

- Select an Owner Type from the drop-down menu
- Complete all fields marked with an asterisk (*)
- Complete Address Line 1 and Zip Code, click Validate Address
  (Please Note: you should receive confirmation "Address Validation Successful")
- Click Ok

- The managing employee is now added to the list of owners
- To add the relationship click the Actions drop-down menu
  - Note: The Relationship status for the individual provider enrolling is now marked as Not Completed

- Select Owners Relationships from the Actions drop-down menu

- Answer question (at the top)
- If no relationships exist select No.
  - If the owners have a relationship to one another, refer to the Step 8: Add Provider Controlling Interest/Ownership Details user guide.

👤 ____ ▾   Last Login: 04 DEC, 2018 11:42 AM   📄 Note Pad   🌐 External Links ▾   ⭐ My Favorites ▾   🖨 Print   ❓ Help

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

🖨 Print   ❓ Help

Application ID: 20181204171383   **Name:** Test, Testing

▦ **Add Relationship**   ⌃

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?   ⚪Yes ⦿No **(Click Save to update)**

Owner List

Show Owners [All ▾] [⊙ Go]   [💾 Save Filters] [▼ My Filters ▾]

❯ **Selected Owner:**Test, Testing   **SSN/EIN/TIN:** _____   **Status:**Not Completed

❯ **Selected Owner:**Example, One   **SSN/EIN/TIN:**123456789   **Status:**Not Completed

[💾 Save] [⊗ Close]

Page ID: dlgAddModifyOwnerRelationship(Provider)

- The owner list boxes collapse
- Click Save

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- After clicking save, click Ok.

- The status for each owner will show Completed
- Click close to return to the owner list screen

- The Relationship Status now shows Completed for both owners

- Select Owners Adverse Action from the Actions drop-down menu to complete the Final Adverse Legal/Action/Convictions Disclosure

- Read through Final Adverse Legal Actions/Convictions statement for each owner listed, select Yes or No

https://milogintp.michigan.gov/ - Owners with Adverse Action - Internet Explorer

🖶 Print   ❔ Help

Application ID: 20181204171383   **Name:** Test, Testing

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the **'Owners with Adverse Action'** section below for each owner.

▦   **Owners with Adverse Action**   ▲

Owner Name ▲▼	Response ▲▼	Comments ▲▼
Test,Testing	○Yes ●No	
Example,One	○Yes ●No	

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✔ Ok   ⊗ Cancel

Page ID: pgEnrlmntAdverseAction(Provider)

- **Click Ok**

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close

Application ID: 20181204171383   **Name:** Test, Testing

⊘ Close

⊞ Enroll Provider - Individual   ⌃

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 7: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete ←	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: [1]   ⊙ Go   📄 Page Count   ▣ SaveToXLS   **Viewing Page: 1**   « First   ‹ Prev   › Next   » Last

- Step 8 is complete
- Click on Step 9: Add Taxonomy Details

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👤 [_____] ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358   Name: Tester, Test

⊗ Close   ⊕ Add

⠿ Taxonomy List ▲

| Filter By ▾ | [_____] | [_____] | ⊙ Go | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Taxonomy Code △▼	Description ▲▼	Start Date ▲▼	End Date ▲▼
		No Records Found !		

- Click Add

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- Enter in Taxonomy Code or click on (◀) next to the words, Click here for Taxonomy List, to look up appropriate taxonomy code
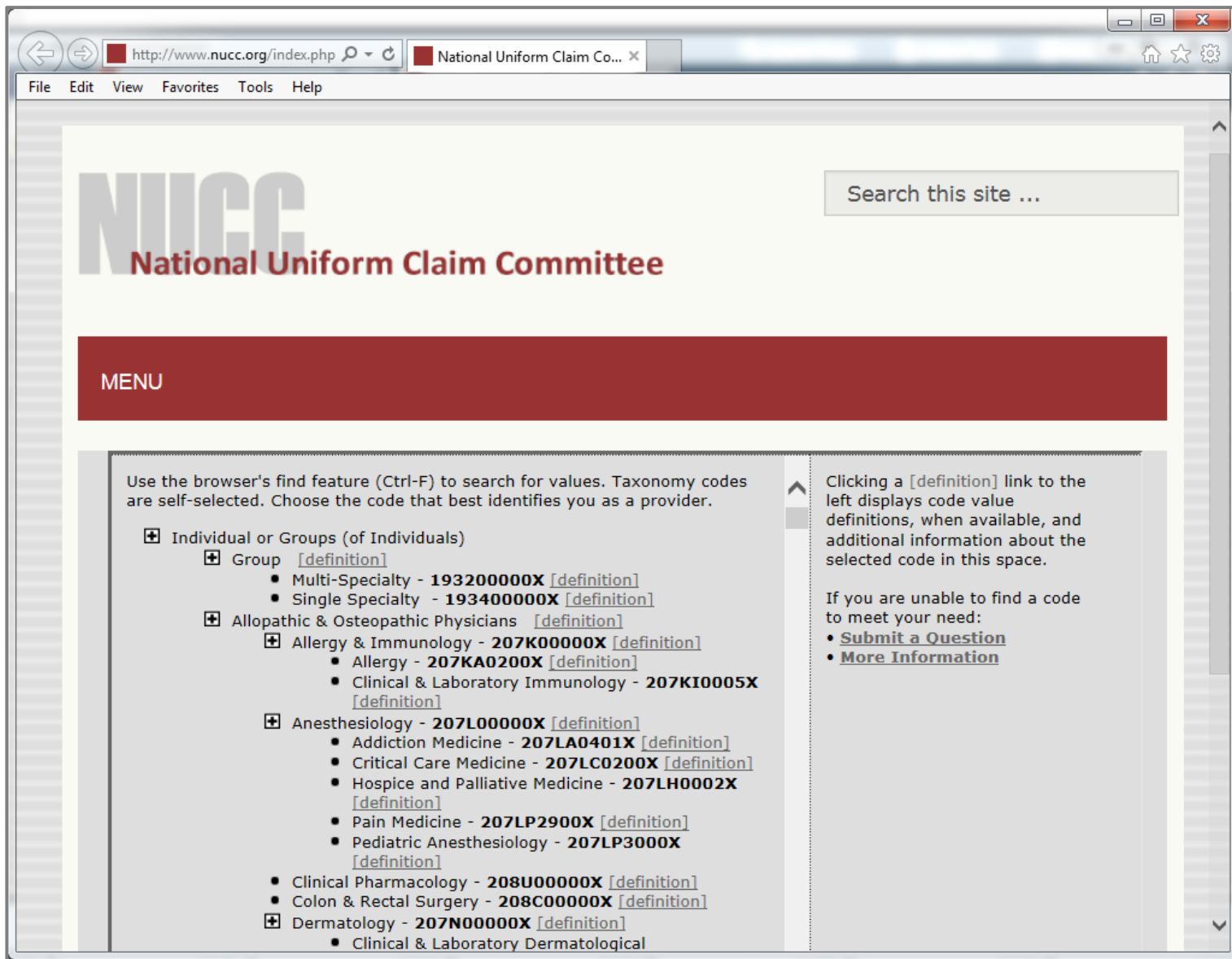
- After clicking (◄) the National Uniform Claim Committee webpage will pop-up
- Press (CTRL+F) to search for appropriate taxonomy code

- Enter Start Date *(Please Note: Must be current date or date of application)*
- Click Confirm Taxonomy
- Click Ok

👤 [____] ▾　　　　　　　　　　🔍 Quick Find　📄 Note Pad　🌐 External Links ▾　⭐ My Favorites ▾　🖨 Print　❓ Help

🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358　　　　　　　　　　**Name:** Tester, Test

⊗ Close　⊕ Add

| ⚏ | **Taxonomy List** | | | | ⌃ |

| Filter By ▾ | | | ⊙ Go | | 💾 Save Filters　▼ My Filters ▾ |

	Taxonomy Code △▽	**Description** ▲▽	**Start Date** ▲▽	**End Date** ▲▽
☐	207V00000X	Obstetrics & Gynecology	11/15/2017	12/31/2999

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- The Taxonomy Code information will be displayed
- Click Close

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- Step 9 is complete
- Click on Step 10: Associate MCO Plan *(Please Note: This step is optional)*
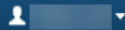
- Step is optional, if you do not work for a Managed Care Organization (MCO) plan, click Close
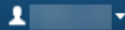
Application ID: 20171115618358   **Name:** Tester, Test

⊗ Close   ⊕ Add

⠿ MCO Plan List   ⌃

| Filter By ▾ | | | ⊙ Go | | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Plan ID △▽	Plan Name ▲▼	Business Status ▲▼	Business Status Start Date ▲▼	Business Status End Date ▲▼	Association Start Date ▲▼	Association End Date ▲▼	Program Description ▲▼
				No Records Found !				

- If choosing to add an MCO Plan List;
- Click Add to associate an MCO plan

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- To locate the MCO Plan , click Confirm/Search Plan

- Check the box next to the MCO Plan you want to select
  (Please Note: There is more than one page of MCO plans; you may select more than one)
- Click Select

- MCO Plan information will populate
- Click Ok

- MCO Plan information has been associated
- Click Close

- Step 10 is complete
- Click on Step 11: 835/ERA Enrollment Form *(Please Note: This step is optional)*

- Step is optional, fill out if provider would like to directly receive their 835 (i.e., electronic remittance advice (ERA))
  - *(Please Note: within step 2 providers would have needed to select Yes, to question "Accept 835?")*
- Complete all fields marked with an asterisk (*)

- Complete all fields marked with an asterisk (*)

- Click Submit
- Click Close

- Step 11 is complete
- Click on **Step 12: Upload Documents** *(Please Note: This step is optional)*

- This step is optional, if documentation needs to be uploaded, click Add
- If not, click Close

- If provider chooses to upload a document;
- Select the document type and document name
- Click Browse to find the saved document on your computer
- Enter any other additional information
- Click Ok

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🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358   **Name:** Tester, Test

⊗ Close

Document List   ▲

⊕ Add

Filter By [▾] [   ] [   ] ⊙ Go   💾 Save Filters   ▼ My Filters ▾

	Document ID ▲▼	Document Type ▲▼	Document Name ▲▼	File Name ▲▼	Start Date ▲▼	End Date ▲▼	Uploaded By ▲▼	Uploaded Date ▲▼	Status ▲▼
☐		Certification	Board Certification					11/15/2017	In Process

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- The documentation has been added
- To return to the enrollment steps, click Close

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Application ID: 20171115618358   **Name:** Tester, Test

⊘ Close

⊞ Enroll Provider - Individual ▲

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	←
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 12 is complete
- Click on Step 13: Complete Enrollment Checklist

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⊘ Close   **💾 Save**

▦ Provider Checklist   ⌃

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed ▾	
Are you currently excluded from any State program?	Not Completed ▾	
Are you currently excluded from any Federal program?	Not Completed ▾	
Have you ever had a criminal or health-related conviction?	Not Completed ▾	
Have you ever had a judgment under any false claims act?	Not Completed ▾	
Have you ever had a program exclusion/debarment?	Not Completed ▾	
Have you ever had a civil monetary penalty?	Not Completed ▾	
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	Not Completed ▾	
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed ▾	
Do you accept new patients?	Not Completed ▾	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed ▾	
If you are a Nurse Practitioner or Nurse Midwife, a Collaborative Agreement is required. Please provide NPI of servicing physician. If you don't have an agreement, please answer yes and provide an explanation.	Not Completed ▾	
Dental Hygienist-Do you have a collaborative agreement in place? If 'Yes', with what NPI?	Not Completed ▾	
Are you affiliated with a PA 161 program? If yes, please provide the NPI of that program(s) in the comments.	Not Completed ▾	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed ▾	
Have you completed American Pharmacists Assoc's Delivering Medication Therapy Mgmt Services or program approved by Accreditation Council of Pharmacy Education? If yes, then enter what you have completed.	Not Completed ▾	

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- Answer the questions in the Provider Checklist as appropriate
- Add Comments when necessary
- Click Save
- Click Close

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Application ID: 20171115618358   **Name:** Tester, Test

⊘ Close

| ⠿ **Enroll Provider - Individual** | | | | | | ⌃ |

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required	11/15/2017	11/15/2017	Complete	←
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 13 is complete
- Click on Step 14: Submit Enrollment Application for Approval
  (Please Note: If you chose not to complete optional steps you can still submit your application)
  You must complete step 14 to submit your application

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Application ID: 20171115618358   **Name:** Tester, Test

⊘ Close   ❯ Next

⚎ Final Submission   ⌃

Application ID: **20171115618358**   **EnrollmentType:** **Individual/Sole Proprietor**

The information submitted for enrollment shall be verified and reviewed by the State.

During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

⚎ Application Document Checklist   ⌃

Forms/Documents △▼	Special Instructions ▲▼	Source ▲▼	Required ▲▼
	No Records Found !		

- Final Submission: Click Next

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Application ID: 20171115618358   **Name:** Tester, Test

⊗ Close   ⊘ Submit Application   **After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.**

⚏ **Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions**   ⌃

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.

2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.

3. All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.

4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. [42 CFR 455.100]

5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XVIII), Medicaid (Title XIX), and other State Health Care Programs (Title V, Title XX, and Title XXI) involvement since the inception of Medicare, Medicaid, or Title XX programs. [42 CFR 455.106 and 42 U.S.C. § 1320a-7]

6. I agree to read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.

7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 42 CFR 431.107 and Act No. 280 of the Public Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.

8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(68) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."

9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contract(s) I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.

10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.

11. I understand that the incentive payment requested using my National Provider Identifier (NPI) number will be made directly to the Tax ID Number (TIN) that was indicated during the registration process.

12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.

• Read through the entire list of Terms and Conditions

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👤 [REDACTED] ▾

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🏠 › MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358   Name: Tester, Test

⊗ Close   ⊘ Submit Application   **After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.**

payers. The Trading Partner agrees to defend, indemnify, and hold harmless MDHHS, its Trading Partners, officers, agents, employees, assigns and successors from and against any and all claims, losses, and actions, including all costs and reasonable attorney fees, arising out of electronic Transactions the Trading Partner submits to MDHHS.

6. Standard Transactions.

All Standard Transactions, as defined by HIPAA, will be conducted by the parties using only code sets, data elements, and formats specified by the Transaction Rules and instructions in the MDHHS Companion Guides. The parties agree that when conducting Standard Transactions, they will not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specifications.

7. Testing.

All new Trading Partners will cooperate with MDHHS upon request in testing processes prior to submission of production data. Existing Trading Partners will cooperate with MDHHS upon request in testing processes for any changes in submission format prior to submission of production files. MDHHS will notify the Trading Partner of the effective date for production data after successful testing.

8. Data and Network Security.

The parties agree to use reasonable security measures to protect the integrity of data transmitted under this Agreement and to protect this data from unauthorized access. The Trading Partner shall comply with MDHHS data and network security requirements, which may change from time to time and as may be required by the HIPAA security regulations.

9. Automatic Amendment for Regulatory Compliance.

This Agreement will automatically be amended to comply with any final regulation or amendment to a final regulation adopted by the U.S. Department of Health and Human Services concerning the subject matter of this Agreement upon the effective date of the final regulation or amendment.

10. Miscellaneous.

Provisions 3 and 8 shall survive termination of this Agreement.

The Trading Partner will notify MDHHS of any changes in trading partner information supplied including, but not limited to, the name of the service bureau, billing service, recipient of remittance file, or provider code at least 30 calendar days prior to the effective date of such change.

☐ **By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.**

- Check the box at the end to agree to the Terms and Conditions
- Click Submit Application

- Step 14 is now complete and the application has been submitted to the State for review
- Take note of your Application ID for further tracking
- Click Close

(Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Track Existing Application

How to track a submitted application within CHAMPS

- Select Provider tab
- Click Track Application

Note Pad | External Links ▾ | ★ My Favorites ▾ | Print | Help

Provider Portal > Track Application

Close | **Next**

Track Existing Application

Please provide the Application ID to track your application.

Application ID: _____ *

Request Access to Home Help Provider Info

Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time. provide the Application ID to track your application.

Home Help Providers requesting access to their Information.

- Fill in Application ID
- Click Next

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👤 [____] ▾   📋 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Provider Portal › Track Application

⊗ Close   ⊘ Submit

⊞ **Verify Application Details**   ⌃

For Additional security, please enter following information:

SSN: [_____] *

Date Of Birth: [_____ 📅] *

Home Zip Code: [_____] *

- Complete all fields marked with an asterisk (*)
- Click Submit

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Application ID: 20171115618358   **Name:** Tester, Test

Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.   X

❎ Close

▦   **Enroll Provider - Individual**   ⌃

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
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Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Required	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Required	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required	11/15/2017	11/15/2017	Complete	
Step 14: Submit Enrollment Application for Approval	Required	11/15/2017	11/15/2017	Complete	

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- Confirmation your Provider Enrollment Application has been submitted and is being reviewed by the state
- Click Close

Provider Enrollment Final Steps

- Please allow the State time to review the Provider Enrollment Application.

- After the State has looked over the Provider Enrollment Application Providers will receive a letter letting them know whether they have been approved or denied.

  - Letter is sent to the Correspondence address provided in the Provider Enrollment Application.

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders

- **We continue to update our Provider Resources, just click on the links below:**
  - Listserv Instructions
  - Medicaid Alerts and Biller "B" Aware
  - Quick Reference Guides
  - Update Other Insurance NOW!
  - Medicaid Provider Training Sessions

- **Provider Enrollment:**
  - ProviderEnrollment@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program